Fill in this information to identify your case:	ß/18 07:06:20 Main Document Pg 1 of 67
United States Bankruptcy Court for the: Western District of Texas	
Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	☐ Check if this is an amended filing
Official Form 101	
Voluntary Petition for Individuals Filing f	or Bankruptcy 12/17
The bankruptcy forms use <i>you</i> and <i>Debtor 1</i> to refer to a debtor filing alone. A marrie cases, these forms use <i>you</i> to ask for information from both debtors. For example, if a car. When information is needed about the spouses separately, the form uses <i>Debtor spouses</i> must report information as <i>Debtor 1</i> and the other as <i>Debtor 2</i> . The same public because a spossible. If two married people are filing together, bo needed, attach a separate sheet to this form. On the top of any additional pages, write	a form asks, "Do you own a car," the answer would be yes if either debtor owns or 1 and Debtor 2 to distinguish between them. In joint cases, one of the erson must be Debtor 1 in all of the forms. th are equally responsible for supplying correct information. If more space is

	About Debtor 4.	About Dakton 2 (Chausa Only in a Jaint Casa)			
Marin full marin	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
. Your full name					
Write the name that is on your	<u>Jennifer</u>				
government-issued picture identification (for example, your	First name	First name			
driver's license or passport).	Marie Middle name				
Deina variationa identification to		Middle name			
Bring your picture identification to your meeting with the trustee.	Russell Last name	Last name			
,	Last Hamo	Last name			
	Suffix (Sr., Jr, II, III)	Suffix (Sr., Jr, II, III)			
2. All other names you have used in the last 8 years	First name	 First name			
Include your married or maiden					
names.	Middle name	Middle name			
	Last name	Last name			
	First name	First name			
	Middle name	Middle name			
	Last name	Last name			
3. Only the last 4 digits of your Social Security number or	xxx-xx- <u>7</u> <u>8</u> <u>8</u> <u>5</u>	xxx-xx			
federal Individual Taxpayer	OR	OR			
Identification number (ITIN)	9xx - xx	9xx - xx			

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First Name

Middle Name

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	☑I have not used any business names or EINs.	☐I have not used any business names or EINs.
	Include trade names and doing business as names	Business name	Business name
		Business name	Business name
		EIN	EIN
5.	Where you live		If Debtor 2 lives at a different address:
		10422 Gazelle Clf Number Street	Number Street
		San Antonio, TX 78245-3159 City State ZIP Code	City State ZIP Code
		Bexar County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.
		Number Street	Number Street
		P.O. Box	P.O. Box
		City State ZIP Code	City State ZIP Code
6.	Why you are choosing this district to file for bankruptcy	Check one:	Check one:
	uisinet to the for banki upicy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		I have another reason. Explain. (See 28 U.S.C. § 1408)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408)

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First	Name
IIIOL	INAIIIE

Middle Name

Par	t 2: Tell the Court About Yo	ur Bankı	ruptcy Case					
7.	The chapter of the Bankruptcy	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form B2010)). Also, go to the top of page 1 and check the appropriate box.						
	Code you are choosing to file under	☐ Ch	napter 7					
		☐ Ch	napter 11					
		☐ Ch	napter 12					
		√ Ch	napter 13					
8.	How you will pay the fee	abou orde	ut how you may pa	ay. Typically, if you a y is submitting your	are paying the fe	e yourself, you may	k's office in your local court for more detail y pay with cash, cashier's check, or money ney may pay with a credit card or check with	
				e in installments. It stallments (Official		option, sign and a	attach the Application for Individuals to Pay	/
		l req	juest that my fee s not required to, applies to your fa	e be waived (You n , waive your fee, an amily size and you	nay request this and may do so only are unable to pay	y if your income is I y the fee in installm	are filing for Chapter 7. By law, a judge may less than 150% of the official poverty line lents). If you choose this option, you must fin 103B) and file it with your petition.	
9.	Have you filed for bankruptcy	₫ No.						
	within the last 8 years?	□ _{Yes.}	District		Wh	en	Case number	
			B:					
			District		Wh	ien MM / DD / YY\	Case number	
			District		Wh		Case number	
			District			MM / DD / YYY		
10.	Are any bankruptcy cases	₫ No.						
	pending or being filed by a spouse who is not filing this	$\square_{Yes.}$	Debtor				Relationship to you	
	case with you, or by a business		District		When		Case number, if known	
	partner, or by an affiliate?					MM / DD / YYYY		
			Debtor				Relationship to you	
			District				Case number, if known	
						MM / DD / YYYY		
11.	Do you rent your residence?	✓ No.	Go to line 12.					
		☐ Yes.	_	lord obtained an evi	iction judgment a	against you?		
			☐ No. Go to					
				out <i>Initial Statement</i> hkruptcy petition.	About an Eviction	n Judgment Agains	st You (Form 101A) and file it as part	

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EDIOI I	- Jennier	Iviarie
	First Name	Middle Name

Par	t 3: Report About Any Busin	esse	es Yo	ou Own as a Sole Pr	oprietor				
		Ą	No. 0	Go to Part 4.					
12.	Are you a sole proprietor of any full- or part-time business?		Yes.	Name and location of busi	ness				
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as			Name of business, if any					
	a corporation, partnership, or LLC. If you have more than one sole		Numb	per Street					
	proprietorship, use a separate sheet and attach it to this petition.								
			City			State	ZIP Code		
			Chec	ck the appropriate box to o	lescribe your l	business:			
				Health Care Business (as	defined in 11	U.S.C. § 101(27A))			
				Single Asset Real Estate (as defined in	11 U.S.C. § 101(51B)))		
				Stockbroker (as defined in	11 U.S.C. § 1	01(53A))			
				Commodity Broker (as defi	ned in 11 U.S	.C. § 101(6))			
				None of the above					
	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).	ope 11 U	dlines ration J.S.C. No. No. Yes.	filing under Chapter 11, the If you indicate that you are so, cash-flow statement, and § 1116(1)(B). I am not filing under Chap Bankruptcy Code. I am filing under Chap Code. Ham filing under Chap Code.	e a small busi d federal incor hapter 11. oter 11, but I a oter 11 and I a	ness debtor, you must me tax return or if any o m NOT a small busine m a small business de	attach your most of these documentess debtor according to the	recent balance sits do not exist, for the definition in the defini	heet, statement of ollow the procedure in on in the
14	Do you own or have any	$ \sqrt{} $	No.						
	property that poses or is alleged to pose a threat of		Yes.	What is the hazard? _					
	imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?			If immediate attention is	needed, why i	s it needed?			
For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?				Where is the property?	Number	Street			
					011				710.0
					City			State	ZIP Code

Explain Your Efforts to Receive a Briefing About Credit Counseling

Part 5: 15. Tell the court whether you About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): have received a briefing about credit counseling. The law requires that you You must check one: You must check one: receive a briefing about credit ☑ I received a briefing from an approved credit counseling ■ I received a briefing from an approved credit counseling counseling before you file for agency within the 180 before I filed this bankruptcy petition, agency within the 180 before I filed this bankruptcy petition, bankruptcy. You must truthfully and I received a certificate of completion. and I received a certificate of completion. check one of the following choices. If you cannot do so, you Attach a copy of the certificate and the payment plan, if Attach a copy of the certificate and the payment plan, if are not eligible to file. any, that you developed with the agency. any, that you developed with the agency. I received a briefing from an approved credit counseling I received a briefing from an approved credit counseling If you file anyway, the court can agency within the 180 days before I filed this bankruptcy agency within the 180 days before I filed this bankruptcy dismiss your case, you will lose petition, but I do not have a certificate of completion. petition, but I do not have a certificate of completion. whatever filing fee you paid, and your creditors can begin Within 14 days after you file this bankruptcy petition, you Within 14 days after you file this bankruptcy petition, you collection activities again. MUST file a copy of the certificate and payment plan, if MUST file a copy of the certificate and payment plan, if ☐ I certify that I asked for credit counseling services from an l certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the circumstances merit a 30-day temporary waiver of the requirement. requirement. To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent before you filed for bankruptcy, and what exigent circumstances required you to file this case. circumstances required you to file this case. Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you with your reasons for not receiving a briefing before you filed for bankruptcy. filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. receive a briefing within 30 days after you file. You must file a certificate from the approved agency, You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. any. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only for Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me incapable deficiency that makes me incapable of realizing or making rational of realizing or making rational decisions about finances. decisions about finances. Disability. My physical disability causes me to

Disability. My physical disability causes me to

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

internet, even after I reasonably tried to do so

be unable to participate in a briefing

in person, by phone, or through the

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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First Name

Middle Name

Part 6: Answer These Questions for Reporting Purposes							
16. What kind of debts do you have?	an individual primaril No. Go to line 1 Yes. Go to line 2 16b. Are your debts prim business or investme No. Go to line 1 Yes. Go to line 2	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. Yes. Go to line 17. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. State the type of debts you owe that are not consumer debts or business debts.					
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	☐ Yes. I am filing unde						
18. How many creditors do you estimate that you owe?	✓ 1-49 □ 50-99 □ 100-199 □ 200-999	1,000-5,000 5,001-10,000 10,001-25,000	25,001-50,000 50,000-100,000 More than 100,000				
19. How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	_	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion				
20. How much do you estimate your liabilities to be? Part 7: Sign Below	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$\$500,001-\$1 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion				
For you I have expended to the first transfer of the first transf	chosen to file under Chapter understand the relief available orney represents me and I did and read the notice required trelief in accordance with the tand making a false statement	ole under each chapter, and I choose to proced id not pay or agree to pay someone who is not ed by 11 U.S.C. § 342(b). The chapter of title 11, United States Code, spent, concealing property, or obtaining money or imprisonment for up to 20 years, or both. 18	, under Chapter 7, 11,12, or 13 of title 11, United States sed under Chapter 7. It an attorney to help me fill out this document, I have secified in this petition. For property by fraud in connection with a bankruptcy case				

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First Name

Middle Name

Last Nam

For your attorney, if you ar	re
represented by one	

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Seth Crosland	Date 06/03/2018
Seth Crosland, Attorney	MM / DD / YYYY
Seth Crosland	
Printed name	
Crosland Law Firm	
Firm name	
1848 Norwood Plz Ste 205b	
Number Street	
Hurst	_TX76054-3752
City	State ZIP Code
Contact phone (972) 591-6919	Email address seth@croslandlawfirm.com
24069551	
Bar number	State

Fill in this informat	ion to identify your ca	se and this filing	<u> </u>) Main Document	Pg 8 of 67
Debtor 1	Jennifer First Name	Marie Middle Name	Russell Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the:		Western District of Texas	_	
Case number					heck if this is an mended filing
Official Fo	rm 106A/B				
Schedule	e A/B: Prop	erty			12/15
space is needed, a	ttach a separate shee	et to this form. C	wo married people are filing together, both are equa on the top of any additional pages, write your name of the top of any additional pages, write your name of the top of any additional pages, write you own or I	and case number (if known).	
No. Go to	, ,	quitable interes	t in any residence, building, land, or similar property	?	
	Gazelle Clf Idress, if available, or con	other	What is the property? Check all that apply. ✓ Single-family home □ Duplex or multi-unit building	amount of any secured cla	aims or exemptions. Put the aims on <i>Schedule D:</i> ims Secured by Property.
San An	tonio, TX 78245-315		☐ Condominium or cooperative☐ Manufactured or mobile home☐ Land	Current value of the entire property? \$224,570.00	Current value of the portion you own? \$224,570.00
City			☐ Investment property ☐ Timeshare ☐ Other	Describe the nature of yo as fee simple, tenancy by estate), if known.	our ownership interest (such the entireties, or a life
County			Who has an interest in the property? Check one. ✓ Debtor 1 only	Fee Simple	

☐ Check if this is community property

\$224,570.00

(see instructions)

Debtor 2 only

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages

you have attached for Part 1. Write that number here.....

Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

18-51292, Doc#1 Filed 06/03/18 Entered 06/03/18 07:06:20 Main Document Pg 9 of 67 Debtor 1 Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □ No **√** Yes 3.1 Make: Buick Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put the Debtor 1 only amount of any secured claims on Schedule D: Lacrosse Model: Creditors Who Have Claims Secured by Property. Debtor 2 only 2014 Debtor 1 and Debtor 2 only Year: Current value of the Current value of the At least one of the debtors and another entire property? portion you own? 36000 Approximate mileage: \$18,000.00 \$18,000.00 Check if this is community property (see Other information: instructions) Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories **√** No ☐ Yes Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages \$18,000.00 you have attached for Part 2. Write that number here..... Describe Your Personal and Household Items Part 3: Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware No See Attached. ✓ Yes. Describe....... \$19,400.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections;

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First Name Middle Name 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments **✓** No Yes. Describe...... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment **√** No ☐ Yes. Describe...... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories **√** No ☐ Yes. Describe...... 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Costume Jewelry and watches Yes. Describe...... \$8,000.00 13. Non-farm animals Examples: Dogs, cats, birds, horses **√** No Yes. Describe...... 14. Any other personal and household items you did not already list, including any health aids you did not list **√** No Yes. Describe...... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here..... \$32,300.00 Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **√** No

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		First Name	Middle Name	Last Name					
17.	Deposits o	f money							
	Examples:	oles: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.							
	□ No								
	Yes								
				Institution name:					
		17 1	. Checking account:	USAA	\$1,500.00				
			. Oncoming account.		<u> </u>				
		17.2	Checking account:						
		17.3	Savings account:						
		17.4	Savings account:						
		17.5	. Certificates of deposit:						
		17.6	Other financial account:						
		17.7	Other financial account:						
		17.8	Other financial account:						
		17.9	Other financial account:						
18.	Bonds, mu	itual funds, or pub	licly traded stocks						
	Examples:	Bond funds, inves	tment accounts with brokeraç	ge firms, money market accounts					
	✓ No ☐ Yes								
19.		ely traded stock an artnership, and joi		and unincorporated businesses, including an interest in					
		ve specific tion about							
20.	Governme	nt and corporate I	oonds and other negotiable	e and non-negotiable instruments					
	Negotiable	instruments include	personal checks, cashiers' c	hecks, promissory notes, and money orders. b someone by signing or delivering them.					
	✓ No ☐ Yes. Givinforma		ŕ						
21.	Retirement	t or pension accou	ınts						
	Examples: No	Interests in IRA, E	ERISA, Keogh, 401(k), 403(k	o), thrift savings accounts, or other pension or profit-sharing plans					
		t each account ely.							

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	FIRST Name MIC	idle Name	Last Name			
22.	Security deposits and prepayments					
	Your share of all unused deposits you have					
	Examples: Agreements with landlords, pothers	repaid rent, public	utilities (electric, gas, w	ater), telecommunications co	mpanies, or	
	☑ No					
23.	Annuities (A contract for a periodic payn	nent of money to yo	ou, either for life or for a	number of years)		
	☑ No					
24.	Interests in an education IRA, in an ac	count in a qualifie	ed ABLE program, or u	ınder a qualified state tuition	n program.	
	26 U.S.C. §§ 530(b)(1), 529A(b), and 52	29(b)(1).				
	√ No					
25.	Trusts, equitable or future interests in	property (other th	nan anything listed in li	ne 1), and rights or powers	exercisable for your	
	benefit					
	☑ No					
	Yes. Give specific information about them					
	iniomator about them					
26.	Patents, copyrights, trademarks, trade	secrets, and other	er intellectual property			
	Examples: Internet domain names, we			ng agreements		
	☑ No					
	☐ Yes. Give specific					
	information about them					
7	Lineary franchises and other reserve	al interesible e				
27.	Licenses, franchises, and other general Examples: Building permits, exclusive	_	tive association holding	e liquor licenses		
	professional licenses	licerises, coopera	uve association notding	s, liquol licerises,		
	☑ No					
	Yes. Give specific information about them					
28.	Tax refunds owed to you					
	₫ No					
	☐ Yes. Give specific information about				Federal:	
	them, including whether you already filed the returns and the	_			State:	
	tax years					
					Local:	
29.	Family support					
	Examples: Past due or lump sum alimo	ny, spousal suppoi	rt, child support, mainter	nance, divorce settlement, pro	perty settlement	
	☑ No					
	Yes. Give specific information				Alimony:	
					Maintenance:	
					Support:	
					Divorce settlement:	
					Property settlement:	
					٦	

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Middle Name 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else **✓** No Yes. Give specific information....... 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance **√** No ☐ Yes. Name the insurance company of each policy and list its value.... 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. **√** No ☐ Yes. Give specific information....... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue **√** No ☐ Yes. Describe each claim..... Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims **√** No ☐ Yes. Describe each claim..... 35. Any financial assets you did not already list **√** No ☐ Yes. Give specific information....... Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$1,500.00 for Part 4. Write that number here...... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? ✓ No. Go to Part 6. Yes. Go to line 38.

Debtor 1 18-5 1392 Doc#1 First Name Middle Name Last Name Main Document Pg 14 of 67

Last Name Last Name

38.	Accounts receivable or commissions you already earned		
00.			
	No No		
	Yes. Describe		
39.	Office equipment, furnishings, and supplies		
	Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephone	es, desks, chairs, electroni	c devices
		, , ,	
	No No		
	Yes. Describe		
			•
40.	Machinery, fixtures, equipment, supplies you use in business, and tools of your trade		
	□ No		1
	Yes. Describe		
	- 166. Bossinso		
41.	Inventory		
	□No		ı
	Yes. Describe		
42.	Interests in partnerships or joint ventures		
	□No		
	Yes. Describe		
	Name of entity:	% of ownership:	
		%	
		0/	
		%	
		%	
43.	Customer lists, mailing lists, or other compilations		
43.	☐ No		
43.	□ No □ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?		
43.	□ No □ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? □ No		
43.	□ No □ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?		
	□ No □ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? □ No □ Yes. Describe		
	□ No □ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? □ No		
	□ No □ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? □ No □ Yes. Describe		
	No ☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? ☐ No ☐ Yes. Describe Any business-related property you did not already list ☐ No ☐ Yes. Give specific		
	No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe Any business-related property you did not already list No		
	No ☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? ☐ No ☐ Yes. Describe Any business-related property you did not already list ☐ No ☐ Yes. Give specific		
	No ☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? ☐ No ☐ Yes. Describe Any business-related property you did not already list ☐ No ☐ Yes. Give specific		
	No ☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? ☐ No ☐ Yes. Describe Any business-related property you did not already list ☐ No ☐ Yes. Give specific		
	No ☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? ☐ No ☐ Yes. Describe Any business-related property you did not already list ☐ No ☐ Yes. Give specific		
	No ☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? ☐ No ☐ Yes. Describe Any business-related property you did not already list ☐ No ☐ Yes. Give specific		
	No ☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? ☐ No ☐ Yes. Describe Any business-related property you did not already list ☐ No ☐ Yes. Give specific		

Debt	or 1 18-5 <u>Jennifer</u> L First Name		Pg 15 0f 67
45.		Il of your entries from Part 5, including any entries for pages you have attached mber here→	
Par		rm- and Commercial Fishing-Related Property You Own or Have an Interest In. an interest in farmland, list it in Part 1.	
46.	Do you own or have any ✓ No. Go to Part 7.	legal or equitable interest in any farm- or commercial fishing-related property?	
	Yes. Go to line 47.		
47.	Farm animals Examples: Livestock, po	ultry, farm-raised fish	
	☐ No ☐ Yes		
48.	Crops—either growing	or harvested	
	☐ No☐ Yes. Give specific		
	information		
49.		nent, implements, machinery, fixtures, and tools of trade	
	No Yes		
5 0			
50.	Farm and fishing supplied No	is, chemicals, and feed	
	Yes		
51.	Any farm- and commerci	ial fishing-related property you did not already list	
	☐ No☐ Yes. Give specific		
	information		
52.		Il of your entries from Part 6, including any entries for pages you have attached nber here→	
	io. i art of trine triat flui		
Par	t 7: Describe All Pro	operty You Own or Have an Interest in That You Did Not List Above	

Official Form 106A/B Schedule A/B: Property page 8

Filed 06/03/18 Entered 06/03/18 07:06:20 Main Document Pg 16 of 67 18-51292, Doc#1 Debtor 1 Middle Name 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership **√** No Yes. Give specific information..... Add the dollar value of all of your entries from Part 7. Write that number here...... \$0.00 List the Totals of Each Part of this Form Part 8: Part 1: Total real estate, line 2..... \$224,570.00 56. Part 2: Total vehicles, line 5 \$18,000.00 Part 3: Total personal and household items, line 15 \$32,300.00 57. Part 4: Total financial assets, line 36 \$1,500.00 58. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 60. Part 7: Total other property not listed, line 54 \$0.00 \$51,800.00 \$51,800.00 Total personal property. Add lines 56 through 61..... Copy personal property total -> 62. Total of all property on Schedule A/B. Add line 55 + line 62..... \$276,370.00

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Debtor 1

 Jennifer
 Marie
 Russell
 Case number (if known)

 First Name
 Middle Name
 Last Name

SCHEDULE A/B: PROPERTY

Continuation Page

6. Household goods and furnishings	
Sofa	\$600.00
Pool Table	\$500.00
47" Television	\$300.00
Living Room Furniture	\$15,000.00
Queen Sized Bedroom Set	\$3,000.00
7. Electronics	
Television	\$600.00
Dining Room Set	\$1,000.00
Laptop	\$500.00
Stereo	\$300.00

ill in this informatio							
Debtor 1	Jennifer First Name	Marie Middle Nan	Russell				
Debtor 2 Spouse, if filing)	First Name	Middle Nan	ne Last Name				
Jnited States Bank	cruptcy Court for t	ne:	Western Distri	ict of T	Texas		
Case number if known)					_		Check if this is an amended filing
fficial For	m 106C						
chedule	C: The I	Propert	y You Clair	n a	s Exempt		
cca triat arrioarit,					/ amount		
Which set of ex ✓ You are clair ☐ You are clair	y the Property kemptions are you ming state and fecuming federal exer	ou claiming? Claiming? Claiming Claiming? Claiming Claiming? C	as Exempt heck one only, even if you otcy exemptions. 11 U.S.	our spo C. § 52	ouse is filing with you. 22(b)(3)		
Which set of ex ✓ You are clair ☐ You are clair For any propert Brief descriptio	y the Property kemptions are you ming state and fect ming federal exent ty you list on Sch n of the property	y You Claim ou claiming? Cl deral nonbankrup nptions. 11 U.S. nedule A/B that y and line on	as Exempt neck one only, even if youtcy exemptions. 11 U.S. C. § 522(b)(2) you claim as exempt, fi	our spo C. § 52	ouse is filing with you. 22(b)(3)	Specific la	aws that allow exemption
✓ You are clair ☐ You are clair For any propert Brief descriptio	y the Property kemptions are you ming state and fect ming federal exent ty you list on Sch	y You Claim ou claiming? Cl deral nonbankrup nptions. 11 U.S. nedule A/B that y and line on	as Exempt neck one only, even if youtcy exemptions. 11 U.S. C. § 522(b)(2) you claim as exempt, fi	our spoo C. § 52 ill in th	ouse is filing with you. 22(b)(3) ne information below.	·	aws that allow exemption
Which set of example. You are clain For any propert Brief description Schedule A/B the	the Property kemptions are you ming state and fect ming federal exent ty you list on Sch n of the property nat lists this prop	y You Claim ou claiming? Cl deral nonbankrup nptions. 11 U.S. nedule A/B that y and line on perty Clf San	as Exempt heck one only, even if you be b	our spo C. § 52 ill in th Ar	puse is filing with you. 22(b)(3) The information below. The exemption you claim The ck only one box for each exemption.	·	
Which set of example. You are claim You are claim For any propert Brief description Schedule A/B the	the Property kemptions are you ming state and fect ming federal exent ty you list on Sch or of the property nat lists this prop	y You Claim ou claiming? Cl deral nonbankrup nptions. 11 U.S. nedule A/B that y and line on perty Clf San	as Exempt neck one only, even if youter exemptions. 11 U.S. C. § 522(b)(2) you claim as exempt, fire current value of the portion you own Copy the value from	our spoo C. § 52 ill in th	ouse is filing with you. 22(b)(3) The information below. The exemption you claim	Const. art	aws that allow exemption t. 16 §§ 50, 51, Texas Prop. 41.001002
Which set of exity You are clair You are clair For any propert Brief description Schedule A/B the Brief description: Line from Schedule A/B: Brief	the Property kemptions are you ming state and fect ming federal exent ty you list on Sch n of the property at lists this property 10422 Gazelle Antonio, TX 78	y You Claim ou claiming? Cl leral nonbankrup nptions. 11 U.S. nedule A/B that y and line on perty Clf San 245-3159	as Exempt neck one only, even if you otcy exemptions. 11 U.S. C. § 522(b)(2) you claim as exempt, fi Current value of the portion you own Copy the value from Schedule A/B \$224,570.00	our spoo C. § 52 ill in th Ar	puse is filing with you. 22(b)(3) The information below. The exemption you claim the exemption in the exemption in the exemption. \$224,570.00 100% of fair market value, up to any	Const. art	i. 16 §§ 50, 51, Texas Prop. 41.001002
Which set of example of the set of example o	weemptions are your ming state and fecting federal exemptions federal exempty you list on School of the property and lists this property and lists this property federal exemptions.	y You Claim ou claiming? Cl leral nonbankrup nptions. 11 U.S. nedule A/B that y and line on perty Clf San 245-3159	as Exempt heck one only, even if you be b	our spoo C. § 52 ill in th Ar	puse is filing with you. 22(b)(3) The information below. The exemption you claim the exemption in the exemption in the exemption. \$224,570.00 100% of fair market value, up to any applicable statutory limit	Const. art	t. 16 §§ 50, 51, Texas Prop. 41.001002 . Code §§ 42.001(a),
Which set of example of the set of example o	y the Property kemptions are you ming state and fect ming federal exent ty you list on School of the property at lists this property 10422 Gazelle Antonio, TX 78	y You Claim ou claiming? Cl deral nonbankrup nptions. 11 U.S. nedule A/B that y and line on nerty Clf San 245-3159	as Exempt neck one only, even if you otcy exemptions. 11 U.S. C. § 522(b)(2) you claim as exempt, fi Current value of the portion you own Copy the value from Schedule A/B \$224,570.00	our spool C. § 52 ill in th Ar Cl	puse is filing with you. 22(b)(3) The information below. \$224,570.00 100% of fair market value, up to any applicable statutory limit \$0.00 100% of fair market value, up to any	Const. art Code §§ 4 Tex. Prop 42.002(a)	t. 16 §§ 50, 51, Texas Prop. 41.001002 . Code §§ 42.001(a),

✓ No ☐ Yes

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

☑ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

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First Nam

Middle Name

Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own Copy the value from Schedule A/B		nount of the exemption you claim neck only one box for each exemption.	Specific laws that allow exemption		
Brief description:	Queen Sized Bedroom Set	\$3,000.00	I	\$3,000.00	Tex. Prop. Code §§ 42.001(a),		
Line from Schedule A/B:	6			100% of fair market value, up to any applicable statutory limit	42.002(a)(1)		
Brief description:	47" Television	\$300.00	1	\$300.00	Tex. Prop. Code §§ 42.001(a),		
Line from Schedule A/B:	<u>6</u>			100% of fair market value, up to any applicable statutory limit	42.002(a)(1)		
Brief description:	Sofa	\$600.00	1	\$600.00	Tex. Prop. Code §§ 42.001(a),		
Line from Schedule A/B:	6			100% of fair market value, up to any applicable statutory limit	42.002(a)(1)		
Brief description:	Pool Table	\$500.00	1	\$500.00	Tex. Prop. Code §§ 42.001(a),		
Line from Schedule A/B:	6			100% of fair market value, up to any applicable statutory limit	42.002(a)(1)		
Brief description:	Television	\$600.00	4	\$600.00	Tex. Prop. Code §§ 42.001(a),		
Line from Schedule A/B:	7			100% of fair market value, up to any applicable statutory limit	42.002(a)(1)		
Brief description:	Dining Room Set	\$1,000.00	1	\$1,000.00	Tex. Prop. Code §§ 42.001(a),		
Line from Schedule A/B:	7			100% of fair market value, up to any applicable statutory limit	42.002(a)(1)		
Brief description:	Laptop	\$500.00	1	\$500.00	Tex. Prop. Code § 41.001(c)		
Line from Schedule A/B:	7			100% of fair market value, up to any applicable statutory limit			
Brief description:	Stereo	\$300.00	4	\$300.00	Tex. Prop. Code § 41.001(c)		
Line from Schedule A/B:	7			100% of fair market value, up to any applicable statutory limit			

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First Nam

Middle Name

Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property		Current value of the Amount of the exemption y portion you own		nount of the exemption you claim	ou claim Specific laws that allow exemption		
		Copy the value from Schedule A/B	Cł	neck only one box for each exemption.			
Brief description:	Costume Jewelry and watches	\$8,000.00	1	\$8,000.00 100% of fair market value, up to any	Tex. Prop. Code §§ 42.001(a), 42.002(a)(6)		
Schedule A/B:	12			applicable statutory limit			

Fill in this informat	ion to identify your case	e:		0 N	Aain Documen	t Pg 21 of 6	7
Debtor 1	Jennifer	Marie	Russell				
	First Name	Middle Nan					
Debtor 2 (Spouse, if filing)	First Name	Middle Nan	ne Last Name	_			
United States Ba	nkruptcy Court for the:		Western District of Texas				
Case number (if known)					Ţ	Check if this is an amended filing	
Official Fo	rm 106D						
Schedule	D: Credite	ors W	ho Have Claims Secu	red by	y Property		12/15
☐ No. Check th ✓ Yes. Fill in all	have claims secured It is box and submit this for of the information below.	orm to the cow.	perty? ourt with your other schedules. You have nothing	else to repo	rt on this form.		
claim. If more		particular c	an one secured claim, list the creditor separately claim, list the other creditors in Part 2. As much a he creditor's name.		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 GM Financia			Describe the property that secures the claim:		\$24,201.00	\$18,000.00	\$6,201.00
Creditor's Nam PO Box 18114 Number			2014 Buick Lacrosse				
Arlington, TX			As of the date you file, the claim is: Check all t	hat apply.			
City		ZIP Code	Contigent				
Who owes th ✓ Debtor 1 or	e debt? Check one. nly		☐ Unlquidated ☐ Disputed				
Debtor 2 or	nly		Nature of lien. Check all that apply.				
_	nd Debtor 2 only e of the debtors and and	other	An agreement you made (such as mortgage secured car loan)	or			
	nis claim relates to a		Statutory lien (such as tax lien, mechanic's l	ien)			
communit	y aebt		Dividence and their frame in law with				

☐ Judgment lien from a lawsuit

Add the dollar value of your entries in Column A on this page. Write that number here:

Other (including a right to offset)

Last 4 digits of account number * * *

Date debt was incurred

\$24,201.00

Middle Name

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Part 1:	Additional Page After listing any entries or with 2.3, followed by 2.4, a	n this page, number them beginning and so forth.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
Credit Po Bo Numbo Los A City Who Do Do At Cr	yMac Loan Services or's Name ox 514387 er Street Angeles, CA 90051-4387 State ZIP Code owes the debt? Check one. betor 1 only betor 2 only least one of the debtors and another neck if this claim relates to a mmunity debt debt was incurred	As of the date you file, the claim is: Check all that apply. Contigent Unlquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number * * * * *	\$232,370.00	\$0.00	\$232,370.00
Add	the dollar value of your entries in Colu	mn A on this page. Write that number here:	\$232,370.00		
If this		dollar value totals from all pages. Write that number	\$256,571.00		

40.5	-1000 - "1		/4 O =) Main Do	cument	- Du 33	of 67	
Fill in this informati	ion to identify your case	e:			ivialii bo	Curricin	. 1 g 23	01 07	
Debtor 1	Jennifer	Marie	Russe	sell					
	First Name	Middle Name	Last N	Name					
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last N	Name					
United States Bar	nkruptcy Court for the:		Weste	tern District of Texas					
Case number (if known)							Check if th amended f		
Official Fo	rm 106E/F								
Schedule	e E/F: Cred	itors Wh	о На	ave Unsecured Cla	ims				12/15
D: Creditors Who I the Continuation P	Hold Claims Secured	by Property. If mo	re spac itional p	Form 106G). Do not include any creditor ce is needed, copy the Part you need, fill pages, write your name and case numbers	l it out, number				
No. Go to✓ Yes.2. List all of you identify what to possible, list the	r priority unsecured c ype of claim it is. If a cla ne claims in alphabetic	laims. If a creditor aim has both priority al order according t	has more	ore than one priority unsecured claim, list the conpriority amounts, list that claim here and reditor's name. If you have more than two pare other creditors in Part 3.	show both priori	ty and nonp	riority amoun	ts. As much	h as
(For an explar	nation of each type of c	claim, see the instru	ctions fo	for this form in the instruction booklet.)		Total	Priority	Nonprio	ority
						claim	amount	amount	_
2.1 Crosland,	Seth		_ La	ast 4 digits of account number		\$2,600.00	\$2,600	0.00	\$0.00
Priority Cred				When was the debt incurred?					
1848 Norw Number	vood Plz Ste 205b Street		– As	s of the date you file, the claim is: Check	all that				
	76054-3752			pply.					
City	Sta	ate ZIP Code							
,	red the debt? Check of	one.		Disputed					
☑ Debtor				type of PRIORITY unsecured claim:					
☐ Debtor				Domestic support obligations					
_	1 and Debtor 2 only one of the debtors and	Lanother		Taxes and certain other debts you owe the	he				
	if this claim is for a co			government					
	n subject to offset?	amily dobt	Ц	Claims for death or personal injury while intoxicated	e you were				
✓ No	. cabjeet to endet:								
☐ Yes				Attorney Fees					

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Debto		Gase Harrison (II known)
	First Name Middle Name Last Na	ane
Part	2: List All of Your NONPRIORITY Unsecured Claims	
3.	Oo any creditors have nonpriority unsecured claims against you?	
	$oldsymbol{\square}$ No. You have nothing to report in this part. Submit this form to the	court with your other schedules.
	☑ Yes.	
t	insecured claim, list the creditor separately for each claim. For each c	der of the creditor who holds each claim. If a creditor has more than one nonpriority claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more t 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of
		Total claim
1.1	AIR FORCE CU	Last 4 digits of account number ****\$3,714.00
	Nonpriority Creditor's Name	
	1560 Cable Ranch Rd Ste 200	When was the debt incurred?
	Number Street	As of the date you file, the claim is: Check all that apply.
	San Antonio, TX 78245-2143	☐ Contingent
	City State ZIP Code	☐ Unliquidated
	Who incurred the debt? Check one.	☐ Disputed
	☑ Debtor 1 only	Type of NONPRIORITY unsecured claim:
	Debtor 2 only	Student loans
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or
	At least one of the debtors and another	divorce that you did not report as priority claims
	Check if this claim is for a community debt	 Debts to pension or profit-sharing plans, and other similar debts
	,, ,	✓ Other. Specify
	Is the claim subject to offset? No	Guiler. Specify
	Yes	<u> </u>
1.2	BARCLAYS BANK DELAWARE	Last 4 digits of account number **** \$7,450.00
	Nonpriority Creditor's Name	When was the debt incurred?
	125 S WEST ST	As of the date you file, the claim is: Check all that apply.
	Number Street	☐ Contingent
	Wilmington, DE 19801-5014 City State ZIP Code	☐ Unliquidated
	****	☐ Disputed
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:
	Debtor 1 only	☐ Student loans
	Debtor 2 only	☐ Obligations arising out of a separation agreement or
	Debtor 1 and Debtor 2 only	divorce that you did not report as priority claims
	At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other
	☐ Check if this claim is for a community debt	similar debts
	Is the claim subject to offset?	☑ Other. Specify
	☑ No	
	☐ Yes	
1.3	CONNEXUS CREDIT UNION	Last 4 digits of account number **** \$5,827.00
	Nonpriority Creditor's Name	
	1 Corporate Dr Ste 300	When was the debt incurred?
	Number Street	As of the date you file, the claim is: Check all that apply.
	Wausau, WI 54401-1724	☐ Contingent
	City State ZIP Code	Unliquidated
	Who incurred the debt? Check one.	☐ Disputed
	☐ Debtor 1 only	Type of NONPRIORITY unsecured claim:
	Debtor 2 only	Student loans
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or
	¬	divorce that you did not report as priority claims

☑ No

Is the claim subject to offset?

 $\ \square$ At least one of the debtors and another

☐ Check if this claim is for a community debt

similar debts ☑ Other. Specify

 $oldsymbol{\square}$ Debts to pension or profit-sharing plans, and other

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Debtor 1

Jennifer	Marie	Russell	Case number (if known)
First Name	Middle Name	Last Name	

Section Contingent Contin	er listing any entries on this page, number them beginni	ng with 4.5, followed by 4.6, and so forth.	Total claim
When was the debt incurred? As of the date you file, the claim is: Check all that apply. Middletown, NY 10941		Last 4 digits of account number ****	\$769.
As of the date you file, the claim is: Check all that apply. Middletown, NY 10941		When was the debt incurred?	
Contingent			
City State ZIP Code Unliquidated Who incurred the debt? Check one. Disputed Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Totheck if this claim is for a community debt Street Last 4 digits of account number As of the date you file, the claim is: Check all that apply. Type of NONPRIORITY unsecured claim: Debts to pension or profit-sharing plans, and other similar debts Tother. Specify When was the debt incurred? As of the date you file, the claim is: Check all that apply. Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Street Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts			
Who incurred the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No ☐ Yes PIONEER MCB Nonpriority Creditor's Name 3240 E Tropicana Ave Number Street Las Vegas, NV 89121-7316 City State ZIP Code Who incurred the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 only ☐ Debtor 2 only ☐ Check if this claim is for a community debt ☐ Disputed ☐ Disputed ☐ Other. Specify ☑ Other. Specify ☑ When was the debt incurred? ☐ As of the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Unliquidated ☐ Disputed ☐ Unliquidated ☐ Disputed ☐ Unliquidated ☐ Disputed ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Debtor 4 and Debtor 2 only ☐ Debtor 4 and Debtor 3 and another ☐ Check if this claim is for a community debt ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Debts to pension or profit-sharing plans, and other similar debts			
☑ Debtor 1 only Type of NONPRIORITY unsecured claim: □ Debtor 2 only □ Student loans □ Debtor 1 and Debtor 2 only □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ At least one of the debtors and another □ Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? ☑ Other. Specify ☑ No Yes PIONEER MCB Nonpriority Creditor's Name 3240 E Tropicana Ave Number Street □ Street □ Contingent □ Unliquidated □ Debtor 1 only □ Debtor 1 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtors and another □ Check if this claim is for a community debt □ Debts to pension or profit-sharing plans, and other similar debts	•	·	
□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Yes PIONEER MCB Nonpriority Creditor's Name 3240 € Tropicana Ave Number Street Las Vegas, NV 89121-7316 City State ZIP Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify ✓ Other. Specify ✓ Men was the debt incurred? As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt		·	
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Yes □ Yes □ PIONEER MCB Nonpriority Creditor's Name 3240 € Tropicana Ave Number Street □ Las Vegas, NV 89121-7316 □ Contingent □ Unliquidated Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Debtor 1 on of the debtors and another □ Check if this claim is for a community debt □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify □ Other. Speci	,		
divorce that you did not report as priority claims □ Check if this claim is for a community debt Is the claim subject to offset? ☑ No □ Yes PIONEER MCB Nonpriority Creditor's Name 3240 E Tropicana Ave Number Street Las Vegas, NV 89121-7316 City State ZIP Code Who incurred the debt? Check one. ☑ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify ☑ Other. Specify ☑ Other. Specify ☑ Men was the debt incurred? As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed ☐ Disputed ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts	_ ′		
□ Check if this claim is for a community debt Is the claim subject to offset? ☑ Other. Specify ☐ O			
Yes Yes			
PIONEER MCB Nonpriority Creditor's Name 3240 E Tropicana Ave Number Street Las Vegas, NV 89121-7316 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Last 4 digits of account number ***** \$6,5 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Unliquidated Unliquidated Unliquidated Disputed Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	Is the claim subject to offset?	✓ Other. Specify	
PIONEER MCB Nonpriority Creditor's Name 3240 E Tropicana Ave Number Street Las Vegas, NV 89121-7316 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Last 4 digits of account number ***** When was the debt incurred? As of the date you file, the claim is: Check all that apply. Unliquidated Unliquidated Unliquidated Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	☑ No		
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Street As of the date you file, the claim is: Check all that apply.	PIONEER MCB	Last 4 digits of account number ****	\$6,564.
As of the date you file, the claim is: Check all that apply. Las Vegas, NV 89121-7316 City State ZIP Code Unliquidated Who incurred the debt? Check one. ✓ Debtor 1 only Usual Debtor 2 only Debtor 1 and Debtor 3 of the debtors and another Debtor 4 least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts	Nonpriority Creditor's Name	When was the debt incurred?	
Las Vegas, NV 89121-7316 City State ZIP Code Unliquidated Who incurred the debt? Check one. ✓ Debtor 1 only Type of NONPRIORITY unsecured claim: □ Debtor 2 only □ Student loans □ Debtor 1 and Debtor 2 only □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts			
City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts			
Who incurred the debt? Check one. ☐ Disputed ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt ☐ Disputed ☐ Type of NONPRIORITY unsecured claim: ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts			
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 □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Debts to pension or profit-sharing plans, and other similar debts 		**	
☐ At least one of the debtors and another ☐ Check if this claim is for a community debt ☐ Check if this claim is for a community debt ☐ Check if this claim is for a community debt ☐ Debts to pension or profit-sharing plans, and other similar debts		Obligations arising out of a separation agreement or	
☐ Check if this claim is for a community debt ☐ Debts to pension or profit-sharing plans, and other similar debts			
Is the claim subject to offset?			
	Is the claim subject to offset?	☑ Other. Specify	
	Yes		

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Debtor 1

Jennifer	Marie	Russell	Case number (if known)
First Name	Middle Name	Last Name	

Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. Total claim 6a. Domestic support obligations 6a. \$0.00 **Total claims** from Part 1 6b. Taxes and certain other debts you owe the 6b. \$0.00 government 6c. Claims for death or personal injury while you 6c. \$0.00 were intoxicated 6d. Other. Add all other priority unsecured claims. 6d. \$2,600.00 Write that amount here. 6e. Total. Add lines 6a through 6d. 6e. \$2,600.00 **Total claim** 6f. Student loans \$0.00 6f. **Total claims** from Part 2 6g. Obligations arising out of a separation 6g. \$0.00 agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and \$0.00 6h. other similar debts 6i. Other. Add all other nonpriority unsecured claims. 6i. \$24,324.00 Write that amount here.

6j.

\$24,324.00

6j. Total. Add lines 6f through 6i.

Fill in this informat	ion to identify your c	ase:		0 Main Docume	nt Pg 27 of 67
Debtor 1	Jennifer	Marie	Russell		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for th	e:	Western District of Texas		
Case number (if known)					Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☑No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or o	company with whor	m you hav	e the contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_

Fill	in this informati	on to identify your case	e:		0 Main Document	Pg 28 of 67
D	ebtor 1	Jennifer	Marie	Russell		
		First Name	Middle Name	Last Name	_	
	ebtor 2 spouse, if filing)	First Name	Middle Name	Last Name	_	
Uı	nited States Bar	nkruptcy Court for the:		Western District of Texas	_	
	ase number known)					Check if this is an amended filing
Of	ficial Fo	rm 106H				
Sc	chedule	H: Your C	codebtor	S		12/15
oth	are equally re	sponsible for supplyi	ng correct inform	y debts you may have. Be as complete and ation. If more space is needed, copy the A p of any Additional Pages, write your name	dditional Page, fill it out, and num	ber the entries in the boxes on
2.	✓ No Yes Within the last Louisiana, Nev ✓ No. Go to li Yes. Did yo □ No	t 8 years, have you liv ada, New Mexico, Pue ne 3. ur spouse, former spou	red in a communit erto Rico, Texas, W use, or legal equiva	y property state or territory? (Community polarshington, and Wisconsin.)		
	Yes. In v	vhich community state	or territory did you	live? F	Il in the name and current address 	of that person.
	Number	Street			_	
	City		State ZIP Co	ode	_	
3.	codebtor only	if that person is a gu	arantor or cosign	e your spouse as a codebtor if your spouse er. Make sure you have listed the creditor se Schedule D, Schedule E/F, or Schedule	on Schedule D (Official Form 106	
	Column 1: You	r codebtor			Column 2: The creditor to whom	you owe the debt
					Check all schedules that apply:	,
$\overline{}$						

Official Form 106H Schedule H: Your Codebtors page 1 of 1

Name

Number

City

Street

State

ZIP Code

Schedule D, line _____

Schedule E/F, line _____

Debtor 1 Jeening Marie Russell		10-			<u> </u>	1 00/0	~ 4		0	Main [Documen	t Pa	29 of 6	3 7
Debtor 2 First Name Middle Name Last Name Check if this is: Check if this	Fill	in this informati	on to identify your ca	ase:							3 00amon	g		5 .
Debtor 2 First Name Middle Name Last Name (Spouse, if filing) Debtor 2 First Name (Spouse, if filing) Debtor 3 First Name (Spouse, if filing) Debtor 4 Describer (if known) Difficial Form 106! Schedule 1: Your Income Statistic Schedule 1: Your Income 12/15 Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct normation. If you are married and not filing jointly, and your spouse is fiving with you, include information about your spouse. If you are separated and your pouses is not filing with you, do not include information about your spouse. If you are separated and your pouses in the filing with you, do not include information about your spouse is filing the spouse in with your and the spouse in your pouse. If you are separate sheet to this form. On the top of any difficional pages, write your name and case number (if known). Answer every question. Part 1 Describe Employment information. If you have more than core ick, statich a separate page with information. Debtor 1 Debtor 2 or non-filing spouse Employer's name Employer's name Employer's address Occupation may include student or how long employed there? Debtor 1 Debtor 2 or non-filing spouse Debtor 1 Debtor 2 or non-filing spouse Debtor 3 Debtor 4 Describer Street Number Street Number Street First Debtor 1 For Debtor 1 Debtor 2 or non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.	De	ebtor 1							_					
United States Bankruptory Court for the: Western District of Texas An amended filing An amended filing			First Name	Middle Name I	Last Name)			_					
Case number (# known) Difficial Form 106! Schedule I: Your Income 12/15 Se as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct normation. If you are married and not filing jointly, and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any deditional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment			First Name	Middle Name I	Last Name	•					Check if t	his is:		
Cocupation informatice. If a gaples. Describe partime, seasonal, or self-employer's address or homemaker, if it apples. Describe partime, seasonal, or self-employer's address or homemaker, if it apples. Describe partime, seasonal, or self-employer's address or homemaker, if it apples. Describe partime, seasonal, or self-employer or some than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated sheet to this form. Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you row or non-filing spouse bave more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse bave more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. Estimate monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. 2. \$4,625.00. \$0.00.	Ur	nited States Bar	kruptcy Court for the	e: <u> </u>	Western [District of Texas	5		_		☐ An am	ended filir	ng	
Difficial Form 106 Schedule 1: Your Income as a complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct normation. If you are married and not filing jointly, and your spouse is fiving with you, do not include information. If you are separated and your pouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any didditional pages, write your name and case number (if known). Answer every question. Part 1 Describe Employment	Ca	ase number												
Schedule I: Your Income 2/2/15 Schedule I: Your Income 2/2/1	(if	known)									chapte	er 13 incor	ne as of th	ne following date
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Not Employed Not	1.	•	ployment			Debtor 1					Debtor	2 or non-	filing sp	ouse
Not Employed Not						MEmployed	_				DEmployee	4		
Include part time, seasonal, or self-employed work. Occupation Employer's name Employer's name Employer's address Number Street Number Street		attach a separa	ate page with	Employment status	5		ed							
Include part time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's address To lity State Zip Code City State Zip Code City State Zip Code City State Zip Code Lity Code To any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filling spouse List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. 2. \$4,625.00 \$0.00			out additional	Occupation		Security Forces	S							
Occupation may include student or homemaker, if it applies. Employer's address				Occupation		United States /	∆ir ⊑	orce						
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2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. 2. \$4,625.00 \$0.00		If you or your n			er, combir	ne the informatio	n for	all employe	ers for th	nat person	on the lines be	low. If you	need mo	re space,
deductions.) If not paid monthly, calculate what the monthly wage would be. 2. \$4,625.00 \$0.00								Fo	r Debte					
	2.						2.		\$4,625	.00_		\$0.00		
	3.	Estimate and	ist monthly overtin	ne pay.			3.	+	\$1,998	i.39 +	+	\$0.00		

\$6,623.39

\$0.00

4. Calculate gross income. Add line 2 + line 3.

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First Name	Middle Name	Last Name

			For Debtor 1		For Debtor 2 or non-filing spouse	
	Copy line 4 here→	4.	\$6,623.39		\$0.00	
5.	List all payroll deductions:					
	5a. Tax, Medicare, and Social Security deductions	5a.	\$889.13		\$0.00	
	5b. Mandatory contributions for retirement plans	5b.	\$0.00		\$0.00	
	5c. Voluntary contributions for retirement plans	5c.	\$0.00		\$0.00	
	5d. Required repayments of retirement fund loans	5d.	\$0.00		\$0.00	
	5e. Insurance	5e.	\$29.00		\$0.00	
	5f. Domestic support obligations	5f.	\$0.00		\$0.00	
	5g. Union dues	5g.	\$0.00		\$0.00	
	5h. Other deductions. Specify: See additional page	5h.	+ \$375.46	+	\$0.00	
6.	Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$1,293.59		\$0.00	
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$5,329.80		\$0.00	
8.	List all other income regularly received:					
	8a. Net income from rental property and from operating a business, profession, or farm					
	Attach a statement for each property and business showing gross receipts,					
	ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00		\$0.00	
	8b. Interest and dividends	8b.	\$0.00		\$0.00	
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive					
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	0-	\$0.00		\$0.00	
	8d. Unemployment compensation	8c.	\$0.00		\$0.00	
	8e. Social Security	8d.	\$0.00		\$0.00	
	8f. Other government assistance that you regularly receive	8e.				
	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.					
	3 , 3	8f.	\$0.00		\$0.00	
	Specify:	8g.	\$0.00		\$0.00	
	8g. Pension or retirement income	8h.	+ \$0.00	+	\$0.00	
	8h. Other monthly income. Specify:	OH.			ψο.σο	
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$0.00		\$0.00	
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$5,329.80	+	\$0.00	\$5,329.80
11.	State all other regular contributions to the expenses that you list in Schedule	J.				
	Include contributions from an unmarried partner, members of your household, your of friends or relatives.	depende	nts, your roommates, a	nd oth	er	
	Do not include any amounts already included in lines 2-10 or amounts that are not a	vailable	to pay expenses listed	n <i>Sch</i>	edule J.	
	Specify:			_	11. +	\$0.00
12.	Add the amount in the last column of line 10 to the amount in line 11. The resu	ult is the	combined monthly inco	me. W	rite that	
	amount on the Summary of Your Assets and Liabilities and Certain Statistical Inform	<i>nation</i> , if	it applies		12.	\$5,329.80
						Combined
						monthly income
13.	Do you expect an increase or decrease within the year after you file this form? ☑ No.					
	☐ Yes. Explain:					

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First Name Middle Name Last Name

	Amount
5h. Other Deductions For Debtor 1	
AFRH	\$0.50
AAFES Nextcard Debit	\$374.96

		1000	=:	40 =	0010014007	0 N	//ain D	ocument	Pg 32 of 67	
FIII	in this information	on to identify your cas	e: 						J	
De	ebtor 1	Jennifer Circt Name	Marie Middle Name	Russell						
_		First Name	Middle Name	Last Name		_	heck if this			
	ebtor 2 spouse, if filing)	First Name	Middle Name	Last Name		_	_	nded filing ement showing	nostnetition	
Ur	nited States Bar	kruptcy Court for the:		Western District o	f Texas				f the following date:	
Ca	ase number						MM / DI	D/YYYY		
(if	known)						, 2	-,		
∩f	ficial For	m 106.I								
		: J: Your E							12/	
					her, both are equally resp write your name and case				t information. If more space i every question.	S
Pa	rt 1: Descri	be Your Househo	ld							
			14							
1.	Is this a joint of No. Go to li									
	_	ne 2. Debtor 2 live in a sep	arate household?							
	les. Does i		arate riouserioiu:							
			Official Form 106J-	2, Expenses for Sepa	arate Household of Debtor	2.				
2.	Do you have o	dependents?	√INo							
	Do not list Deb	tor 1 and		this information for	Dependent's relations Debtor 1 or Debtor 2	nip to		Dependent's	Does dependent live	
	Debtor 2.	e dependents' names.	each depen	dent	Deptor 1 or Deptor 2			age	with you? ☐No	-
	Do not state the	с асренаено натез.							−	
									□ No □ □Yes	
									No	
									─ ☐Yes ☐No	
									Yes	
									UNo UYes	
3.	Do vour exper	nses include expense	s √ 1No							
		er than yourself and	Yes							
	,									
Ра	rt 2: Estim	ate Your Ongoing	Monthly Exper	nses						
									port expenses as of a date af	ter
the	bankruptcy is	filed. If this is a supp	lemental Schedule	J, check the box at	the top of the form and f	ll in th	ne applica	able date.		
		paid for with non-ca and have included it o						You	ur expenses	
4.		nome ownership expe	enses for your resid	lence. Include first me	ortgage payments and any	rent f	for the	4.		
	ground or lot.									
	If not included	l in line 4:								
	4a. Real estate	taxes						4a	\$0.00	
	4b. Property, he	omeowner's, or renter	's insurance					4b	\$0.00	

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

4c.

4d.

\$100.00

\$0.00

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Debtor 1

First Name

Middle Name

	<u> </u>	four expenses
Additional mortgage payments for your residence, such as home equity loans	5	
Utilities:		
6a. Electricity, heat, natural gas	6a	\$350.00
6b. Water, sewer, garbage collection	6b	\$100.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$200.00
6d. Other. Specify: Cable and Internet	6d.	\$250.00
Food and housekeeping supplies	7	\$400.00
Childcare and children's education costs	8	\$0.00
Clothing, laundry, and dry cleaning	9	\$100.00
Personal care products and services	10.	\$40.00
Medical and dental expenses	11	\$60.00
2. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12	\$400.00
3. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$200.00
4. Charitable contributions and religious donations	 14.	\$0.00
 Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 		
15a. Life insurance	15a	\$0.00
15b. Health insurance	15b	\$0.00
15c. Vehicle insurance	15c	\$300.00
15d. Other insurance. Specify:	15d	\$0.00
5. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16	\$0.00
7. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. <u> </u>	
17b. Car payments for Vehicle 2	17b	
17c. Other. Specify:	17c	
17d. Other. Specify:	17d	
 Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 	18	\$0.00
Other payments you make to support others who do not live with you. Specify:	19	\$0.00
O. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a.	\$0.00
20b. Real estate taxes	20b.	\$0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$0.00
20e. Homeowner's association or condominium dues	20e.	\$0.00

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First Name Middle Name Last Name

21.	Other. Spec	pify:	21.	+\$0.00_
22.	Calculate yo	our monthly expenses.		
	22a. Add line	es 4 through 21.	22a.	\$2,500.00
	22b. Copy lii	ne 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$0.00
	22c. Add line	e 22a and 22b. The result is your monthly expenses.	22c.	\$2,500.00
23.	Calculate ye	our monthly net income.		
	23a. Copy lin	ne 12 (your combined monthly income) from Schedule I.	23a.	\$5,329.80
	23b. Copy yo	our monthly expenses from line 22c above.	23b.	- \$2,500.00
	23c. Subtrac	ct your monthly expenses from your monthly income.		40.000.00
	The re	esult is your monthly net income.	23c.	\$2,829.80
24.	For example	ect an increase or decrease in your expenses within the year after you file this form? e, do you expect to finish paying for your car loan within the year or do you expect your ayment to increase or decrease because of a modification to the terms of your mortgage?		
	Yes.	None		

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First Name

Middle Name

Last Name

Itemized Expenses

Household:

Fill in this informa	ation to identify your	case:		O Main	Document Pg	յ 36 of 67	
Debtor 1	Jennifer	Marie	Russell				
	First Name	Middle Name	Last Name				
Debtor 2 (Spouse, if filing	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the: Western District of Texas							
Case number					Chec	k if this is an	
(if known)					amended filir		
Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical							
Informat	ion						
schedules first; th		formation on this fo	people are filing together, both are eq rm. If you are filing amended schedul				

all of your Summary

Part 1: Summarize Your Assets	
Part 1. Summanze four Assets	
	Your assets
	Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	\$20.4 F70.00
1a. Copy line 55, Total real estate, from Schedule A/B	\$224,570.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$51,800.00
1c. Copy line 63, Total of all property on Schedule A/B	\$276,370.00
Part 2: Summarize Your Liabilities	
	Your liabilities
	Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$256,571.00
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	φ=σσ,σ:σσ
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$2,600.00
	_
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$24,324.00
Your total liabilities	\$283,495.00
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of Schedule I	\$5,329.80
5. Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22c of Schedule J	\$2,500.00
	

12/15

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Debtor 1

 Jennifer
 Marie
 Russell
 Case number (if known)

 First Name
 Middle Name
 Last Name

Part 4: Answer These Questions for Administrative and Statistical Records						
6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court were seen as a submit this form the court were seen as a submit this form the court were seen as a submit this form the court were seen as a submit this form the court were seen as a submit this form the court were seen as a submit this form the court were seen as a submit this form the court were seen as a submit this form the court were seen as a submit this form the court were seen as a submit this seen as a submit this form the court were seen as a submit this seen as a submit	vith your other schedules.					
 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 						
8. From the Statement of Your Current Monthly Income. Copy your total current monthly income from Office Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	ial	\$5,519.49				
9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:	Total claim					
From Part 4 on Schedule E/F, copy the following:						
9a. Domestic support obligations (Copy line 6a.)	\$0.00					
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00					
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00					
9d. Student loans. (Copy line 6f.)	\$0.00					
9e.Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00					
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00					
9g. Total . Add lines 9a through 9f.	\$0.00					

Fill in this informati	on to identify your ca			0	Main Document	Pg 38 of 67
Debtor 1	Jennifer	Marie	Russell			
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the		Western District of Texas	_		
Case number (if known)						Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT an at	torney to help you fill out bankruptcy forms?
☑No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have read the s	ummary and schedules filed with this declaraion and that they are true and correct.

otor 1	Jennifer	Marie	Russell			
	First Name	Middle Name	Last Name			
otor 2 ouse, if filing)	First Name	Middle Name	Last Name			
	nkruptcy Court for t	the:	Western District of Te	xas		
e number	mapley Court for t		Woodon Bloandron 10			Check if this is an
iown)				_	_	amended filing
cial Fo	rm 107					
itemei	nt of Fina	ancial Aff	airs for Indiv	iduals Filing	for Bankrup	otcy (
				both are equally responsibl	•	
				rite your name and case nu		
0. 5			1340	1.0.6		
1: Give [Details About `	Your Marital Sta	tus and Where You L	ved Before		
hat is your c	urrent marital sta	tus?				
NA - multi- al						
Iwarried						
_	d					
Married Not married	Ė					
Not married						
Not married		ı lived anywhere othe	er than where you live now	?		
Not married		ı lived anywhere othe	er than where you live now	?		
Not married Not married Not married No	3 years, have you	·	er than where you live now s. Do not include where you			
Not married Not married Not married No	3 years, have you	·	s. Do not include where you			Dates Debtor 2 liv
Not married uring the last No Yes. List all	3 years, have you	·	·	live now.		Dates Debtor 2 liv
Not married uring the last No Yes. List all	3 years, have you	·	s. Do not include where you Dates Debtor 1 lived	live now. Debtor 2:		there
Not married uring the last No Yes. List all	3 years, have you	·	s. Do not include where you Dates Debtor 1 lived	live now.		there Same as Debtor
Not married wring the last No Yes. List all Debtor 1:	3 years, have you of the places you li	·	s. Do not include where you Dates Debtor 1 lived	Debtor 2: Same as Debtor 1		there
Not married uring the last No Yes. List all Debtor 1:	3 years, have you	·	s. Do not include where you Dates Debtor 1 lived there	live now. Debtor 2:		there Same as Debtor
Not married Uring the last No Yes. List all Debtor 1:	3 years, have you of the places you li	·	Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1		there Same as Debtor From
Not married Uring the last No Yes. List all Debtor 1: Number S	3 years, have you of the places you li	ved in the last 3 years	Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1 Number Street		there Same as Debtor From
Not married Iring the last No Yes. List all Debtor 1:	3 years, have you of the places you li	·	Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1	State ZIP Code	there Same as Debtor From
Not married Uring the last No Yes. List all Debtor 1: Number S	3 years, have you of the places you li	ved in the last 3 years	Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1 Number Street	State ZIP Code	there Same as Debtor From To
Not married Uring the last No Yes. List all Debtor 1: Number S	3 years, have you of the places you li	ved in the last 3 years	Dates Debtor 1 lived there From To	Debtor 2: Same as Debtor 1 Number Street City	State ZIP Code	there Same as Debtor From To Same as Debtor
Not married uring the last No Yes. List all Debtor 1: Number S City	3 years, have you of the places you li	ved in the last 3 years	Dates Debtor 1 lived there From To From	Debtor 2: Same as Debtor 1 Number Street City	State ZIP Code	there Same as Debtor From To Same as Debtor From From From
Not married uring the last No Yes. List all Debtor 1: Number S	3 years, have you of the places you li	ved in the last 3 years	Dates Debtor 1 lived there From To	Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1	State ZIP Code	there Same as Debtor From
Not married uring the last No Yes. List all Debtor 1: Number S City	3 years, have you of the places you li	ved in the last 3 years	Dates Debtor 1 lived there From To From	Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1	State ZIP Code	there Same as Debtor From To Same as Debtor From From From
Not married uring the last No Yes. List all Debtor 1: Number S City	3 years, have you of the places you li	ved in the last 3 years	Dates Debtor 1 lived there From To From	Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 Number Street	State ZIP Code	there Same as Debtor From To Same as Debtor From From From
Not married Uring the last No Yes. List all Debtor 1: Number S City	3 years, have you of the places you li	ved in the last 3 years	Dates Debtor 1 lived there From To From	Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1		there Same as Debtor From To Same as Debtor From From From
Not married uring the last No Yes. List all Debtor 1: Number S City	3 years, have you of the places you li	ved in the last 3 years	Dates Debtor 1 lived there From To From	Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 Number Street		there Same as Debtor From To Same as Debtor From From From

Official Form 107

☐ Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

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Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross Income** Sources of income **Gross Income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) ✓ Wages, commissions, ■ Wages, commissions, From January 1 of current year until the \$26,493.96 bonuses, tips bonuses, tips date you filed for bankruptcy: Operating a business Operating a business ■ Wages, commissions, ☐ Wages, commissions, For last calendar year: bonuses, tips bonuses, tips (January 1 to December 31, 2017 Operating a business Operating a business For the calendar year before that: ■ Wages, commissions, ☐ Wages, commissions, bonuses, tips bonuses, tips (January 1 to December 31, 2016 Operating a business Operating a business 5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. **✓** No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from each Sources of income Gross Income from each source csoure Describe below. Describe below. (before deductions and (before deductions and exclusions) exclusions) From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2017

For the calendar year before that: (January 1 to December 31, <u>2016</u>

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Last Name

First Name

Middle Name

		consumer debts?			
	Debtor 1 nor Debtor 2 has print primarily for a personal, family,	•		efined in 11 U.S.C. § 10	01(8) as "incurred by an
	e 90 days before you filed for ba			125* or more?	
□No. G	o to line 7.				
_	List below each creditor to who creditor. Do not include payme	ents for domestic suppo			
* Subject	to adjustment on 4/01/19 and e	very 3 years after that fo	or cases filed on or after	the date of adjustment.	
Debtor 1	or Debtor 2 or both have prin	narily consumer debts	3.		
During the	e 90 days before you filed for ba	ankruptcy, did you pay a	ny creditor a total of \$60	0 or more?	
☑ No. G	o to line 7.				
☐Yes.		, ,		, ,	
		Dates of payment	Total amount paid	d Amount you	still owe Was this payment for
					☐ Mortgage
Creditor'	s Name		_	 -	——— Car
			_		Credit card
Number	Street				Loan repayment
			_		Suppliers or vendors
		<u> </u>			Other
City	State ZIP Cod	le			
					☐Mortgage
	o Nama				—— □Car
Croditor!	5 Name				☐ Credit card
Creditor'					_ oroan oara
Creditor'	Street	_	_		Loan repayment
	Street		_		_
	Street		-		Loan repayment
	* Subject* Debtor 1 During the No. Go Yes.	creditor. Do not include payme payments to an attorney for this * Subject to adjustment on 4/01/19 and example. * Subject to adjustment on 4/01/19 and example. * Debtor 1 or Debtor 2 or both have print During the 90 days before you filed for base of the subject of the payments. * Yes. List below each creditor to who payments for domestic support this bankruptcy case. * Creditor's Name Number Street	creditor. Do not include payments for domestic support payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay at No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6 payments for domestic support obligations, such as contained this bankruptcy case. Dates of payment Creditor's Name Number Street	creditor. Do not include payments for domestic support obligations, such as a payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$60 No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total payments for domestic support obligations, such as child support and alimonal this bankruptcy case. Dates of payment Total amount pair Creditor's Name Number Street	creditor. Do not include payments for domestic support obligations, such as child support and alimo payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? ✓ No. Go to line 7. ☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that payments for domestic support obligations, such as child support and alimony. Also, do not include payment Dates of payment Total amount paid Amount you support obligations are creditor's Name Number Street

Filed 06/03/18 Entered 06/03/18 07:06:20 Main Document Pg 42 of 67 18-51292 Doc#1 Debtor 1 First Name Middle Name Insider's Name Number Street City State ZIP Code Insider's Name Number Street City State ZIP Code 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. **√**No Yes. List all payments that benefited an insider. Dates of Total amount paid Amount you still owe Reason for this payment payment Include creditor's name Insider's Name Number Street ZIP Code City State Insider's Name Number Street City ZIP Code State Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. **√**No Yes. Fill in the details.

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	or agency	Status of the case
		Pending
Court N	ame	On appeal
Numbe	r Street	_ Concluded
City	State ZIP Cod	_ le
		Pending
Court N	ame	☐ On appeal☐ Concluded☐
Numbe	r Street	_
City	State ZIP Cod	_ le
Describe the property	Date	Value of the propert
Describe the property	Date	Value of the propert
Explain what happened		
Property was repossessed.		
Code Property was attached, seized, o	r levied.	
	Date	Value of the propert
Describe the property		
Describe the property		
Describe the property Explain what happened		
Explain what happened		
	Court N Number City was any of your property repossessed, forecle Describe the property Explain what happened	Court Name Number Street City State ZIP Coordinate Street Describe the property repossessed, foreclosed, garnished, attached, seized, seize

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		Describe the action the creditor took	Date action was taken	Amount
Creditor's Name				
Number Street				
		Last 4 digits of account number: XXXX		
City State	e ZIP Code	Last 4 digits of account number. AAAA—————————————————————————————————		
ithin 1 year before you filed fo		any of your property in the possession of an assignee for	the benefit of credito	ors, a court-appointed re
No				
Yes				
5: List Certain Gifts and	d Contributions			
hin Overen hefers were file of fe	u booku ustas ali da	and since any sifts with a total value of more than \$200	maraan?	
	or Dankruptcy, did y	ou give any gifts with a total value of more than \$600 per	person?	
No	-26			
es. Fill in the details for each	gift.			
Gifts with a total value of mor person	e than \$600 per	Describe the gifts	Dates you gave the gifts	Value
erson to Whom You Gave the Gi	ift			
lumber Street				
ity Sta	te ZIP Code			
erson's relationship to you				
Gifts with a total value of mor	e than \$600 per	Describe the gifts	Dates you gave	Value
person			the gifts	
erson to Whom You Gave the Gi	ift			
umber Street				
ity Sta	te ZIP Code			
erson's relationship to you				
ithin 2 vears before vou filed f	or bankruptev did	you give any gifts or contributions with a total value of m	ore than \$600 to any	charity?
No		, 5 , 5		•
INO Yes. Fill in the details for each	aift or contribution			
res. Fill in the details for each	giil of contribution.			

18-51292, Doc#1

Filed 06/03/18 Entered 06/03/18 07:06:20 Main Document Pg 45 of 67 Debtor 1 Gifts or contributions to charities that Describe what you contributed Date you Value contributed total more than \$600 Charity's Name Number Street City ZIP Code State List Certain Losses Part 6: 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your loss Value of property lost how the loss occurred Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No ✓ Yes. Fill in the details. Description and value of any property transferred Date payment or Amount of payment Crosland Law Firm, PLLC transfer was made Person Who Was Paid Attorney's Fee May 31, 2018 \$0.00 1848 Norwood Plz Ste 205b Number Street

Hurst, TX 76054-3752

seth@croslandlawfirm.com Email or website address Jennifer Russell

State

Person Who Made the Payment, if Not You

ZIP Code

18-51 <u>292</u> Doc#1 F				
First Name N	Aiddle Name Last Name			
	Description and value of any propert	ty transferred	Date payment or transfer was made	Amount of payme
Person Who Was Paid				
Number Street				
City State ZIP Co	rde			
Email or website address				
Person Who Made the Payment, if Not	You			
not include any payment or transfer t No	yments to your creditors? hat you listed on line 16.			
o not include any payment or transfer t		ty transferred	Date payment or transfer was made	Amount of payme
onot include any payment or transfer to No	hat you listed on line 16.	ty transferred		Amount of payme
o not include any payment or transfer to No No Yes. Fill in the details. Person Who Was Paid	hat you listed on line 16.	ty transferred		Amount of payme
onot include any payment or transfer to No No Yes. Fill in the details. Person Who Was Paid Number Street	Description and value of any propert	ty transferred		Amount of payme
No Yes. Fill in the details. Person Who Was Paid Number Street City State ZIP Collithin 2 years before you filed for ball burse of your business or financial acclude both outright transfers and transfer that you have	Description and value of any propert ode hkruptcy, did you sell, trade, or otherwise tra	ansfer any property to a	transfer was made	rty transferred in the
on not include any payment or transfer to No No Yes. Fill in the details. Person Who Was Paid Number Street City State ZIP Coloridation of State Street State of Your business or financial aclude both outright transfers and transfers and transfers and transfers and transfers.	Description and value of any propert Description and value of any propert ode nkruptcy, did you sell, trade, or otherwise tra iffairs? sfers made as security (such as the granting of	ansfer any property to a	transfer was made anyone, other than proper cortgage on your property).	rty transferred in the

Number

Street

Person's relationship to you _

State

ZIP Code

or 1 18-51,292 Doc#1 File				
First Name Middl	e Name Last Name			
Person Who Received Transfer	_		_	
Number Street				
City State ZIP Code	_			
Person's relationship to you				
Vithin 10 years before you filed for bankriften called asset-protection devices.) No	uptcy, did you transfer any property to	a self-settled trust or simila	r device of which you are a b	peneficiary?(These
Yes. Fill in the details.	Description and value of the proper	rty transferred		Date transfer was
	Docompaint and value of the proper	ty manoromou		made
Name of tweet				
Name of trust				
	_			
_				
ransferred? nclude checking, savings, money market	, or other financial accounts; certificate		-	
ransferred? nclude checking, savings, money market unds, cooperatives, associations, and of No	, or other financial accounts; certificate		-	
ransferred? nclude checking, savings, money market unds, cooperatives, associations, and of No	, or other financial accounts; certificate		-	
ransferred? nclude checking, savings, money market unds, cooperatives, associations, and of No Yes. Fill in the details.	, or other financial accounts; certificate her financial institutions. Last 4 digits of account number	es of deposit; shares in bar	Date account was closed, sold, moved, or	e houses, pension Last balance before closing of
ransferred? nclude checking, savings, money market unds, cooperatives, associations, and of No	, or other financial accounts; certificate her financial institutions.	Type of account or instrument Checking	Date account was closed, sold, moved, or	e houses, pension Last balance before closing of
ransferred? nclude checking, savings, money market unds, cooperatives, associations, and of No Yes. Fill in the details.	, or other financial accounts; certificate her financial institutions. Last 4 digits of account number	Type of account or instrument Checking Savings	Date account was closed, sold, moved, or	e houses, pension Last balance before closing of
ransferred? nclude checking, savings, money market unds, cooperatives, associations, and of No Yes. Fill in the details. Name of Financial Institution	, or other financial accounts; certificate her financial institutions. Last 4 digits of account number	Type of account or instrument Checking Savings Money market	Date account was closed, sold, moved, or	e houses, pension Last balance before closing of
ransferred? nclude checking, savings, money market unds, cooperatives, associations, and of No Yes. Fill in the details. Name of Financial Institution	, or other financial accounts; certificate her financial institutions. Last 4 digits of account number	Type of account or instrument Checking Savings	Date account was closed, sold, moved, or	e houses, pension Last balance before closing of
ransferred? nclude checking, savings, money market unds, cooperatives, associations, and of No Yes. Fill in the details. Name of Financial Institution Number Street	, or other financial accounts; certificate her financial institutions. Last 4 digits of account number	Type of account or instrument Checking Savings Money market Brokerage	Date account was closed, sold, moved, or	e houses, pension Last balance before closing of
ransferred? nclude checking, savings, money market unds, cooperatives, associations, and of No Yes. Fill in the details. Name of Financial Institution	, or other financial accounts; certificate her financial institutions. Last 4 digits of account number	Type of account or instrument Checking Savings Money market Brokerage	Date account was closed, sold, moved, or	e houses, pension Last balance before closing of
ransferred? nclude checking, savings, money market unds, cooperatives, associations, and of No Yes. Fill in the details. Name of Financial Institution Number Street	, or other financial accounts; certificate her financial institutions. Last 4 digits of account number XXXX	Type of account or instrument Checking Savings Money market Brokerage Other	Date account was closed, sold, moved, or	e houses, pension Last balance before closing of
ransferred? nclude checking, savings, money market unds, cooperatives, associations, and of No Yes. Fill in the details. Name of Financial Institution Number Street City State ZIP Code	, or other financial accounts; certificate her financial institutions. Last 4 digits of account number	Type of account or instrument Checking Savings Money market Brokerage Other Checking	Date account was closed, sold, moved, or	e houses, pension Last balance before closing of
ransferred? nclude checking, savings, money market unds, cooperatives, associations, and of No Yes. Fill in the details. Name of Financial Institution Number Street City State ZIP Code	, or other financial accounts; certificate her financial institutions. Last 4 digits of account number XXXX	Type of account or instrument Checking Savings Money market Brokerage Other Checking Savings	Date account was closed, sold, moved, or	e houses, pension Last balance before closing of
ransferred? nclude checking, savings, money market unds, cooperatives, associations, and of No Yes. Fill in the details. Name of Financial Institution City State ZIP Code Name of Financial Institution	, or other financial accounts; certificate her financial institutions. Last 4 digits of account number XXXX	Type of account or instrument Checking Savings Money market Brokerage Other Checking Savings	Date account was closed, sold, moved, or	e houses, pension Last balance before closing of
ransferred? nclude checking, savings, money market unds, cooperatives, associations, and of No Yes. Fill in the details. Name of Financial Institution Number Street City State ZIP Code Name of Financial Institution	, or other financial accounts; certificate her financial institutions. Last 4 digits of account number XXXX	Type of account or instrument Checking Savings Money market Brokerage Other Checking Savings Money market	Date account was closed, sold, moved, or	e houses, pension Last balance before closing of
Number Street City State ZIP Code Name of Financial Institution Number Street	, or other financial accounts; certificate her financial institutions. Last 4 digits of account number XXXX	Type of account or instrument Checking Savings Money market Brokerage Other Checking Savings	Date account was closed, sold, moved, or	e houses, pension Last balance before closing of
ransferred? nclude checking, savings, money market runds, cooperatives, associations, and of √No Yes. Fill in the details. Name of Financial Institution City State ZIP Code Name of Financial Institution	, or other financial accounts; certificate her financial institutions. Last 4 digits of account number XXXX	Type of account or instrument Checking Savings Money market Brokerage Other Checking Savings Money market	Date account was closed, sold, moved, or	e houses, pension Last balance before closing of
ransferred? nclude checking, savings, money market runds, cooperatives, associations, and of √No Yes. Fill in the details. Name of Financial Institution Number Street City State ZIP Code Name of Financial Institution Number Street	, or other financial accounts; certificate her financial institutions. Last 4 digits of account number XXXX	Type of account or instrument Checking Savings Money market Brokerage Other Savings Money market Brokerage Other Other Other Other Other Other	Date account was closed, sold, moved, or transferred	Last balance before closing of transfer
ransferred? nclude checking, savings, money market runds, cooperatives, associations, and of ✓ No ☐ Yes. Fill in the details. Name of Financial Institution Number Street City State ZIP Code Name of Financial Institution	, or other financial accounts; certificate her financial institutions. Last 4 digits of account number XXXX	Type of account or instrument Checking Savings Money market Brokerage Other Savings Money market Brokerage Other Other Other Other Other Other	Date account was closed, sold, moved, or transferred	Last balance before closing of transfer

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First Name Midd	die Name Last Name		
	Who else had access to it?	Describe the contents	Do you still have it?
			□No
Name of Financial Institution	Name		Yes
Number Street	Number Street		
	City State ZIP Code		
City State ZIP Code			
22. Have you stored property in a storage unit o☑ No☑ Yes. Fill in the details.	or place other than your home within 1 year before	you filed for bankruptcy?	
	Who else has or had access to it?	Describe the contents	Do you still have it?
Name of Storage Facility	Name		☐ No ☐ Yes
Number Street	Number Street		
	City State ZIP Code		
City State ZIP Code	<u> </u>		
Part 9: Identify Property You Hold 23. Do you hold or control any property that sor	or Control for Someone Else meone else owns? Include any property you borro	wed from, are storing for, or hold in trust fo	r someone.
∑ 1No	,, , , , ,	, , ,	
Yes. Fill in the details.			
	Where is the property?	Describe the property	Value
Owner's Name	Number Street		
Number Street			
	City State ZIP Code		
City State ZIP Code	_		
Part 10: Give Details About Enviror	nmental Information		
For the purpose of Part 10, the following definiti	ions apply:		
	e, or local statute or regulation concerning pollution vater, groundwater, or other medium, including states.		
Site means any location, facility, or property including disposal sites.	as defined under any environmental law, whether	you now own, operate, or utilize it or used	to own, operate, or utilize it,
contaminant, or similar term.	vironmental law defines as a hazardous waste, ha		rdous material, pollutant,
Report all notices, releases, and proceedings the	nat you know about, regardless of when they occu	rred.	

Filed 06/03/18 Entered 06/03/18 07:06:20 Main Document Pg 49 of 67 18-51292 Doc#1 Debtor 1 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? ☐ Yes. Fill in the details. **Governmental unit** Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State **ZIP Code** City State **ZIP Code** Have you notified any governmental unit of any release of hazardous material? ✓ No Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State **ZIP Code** City State **ZIP Code** 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. **√**No Yes. Fill in the details. Court or agency Nature of the case Status of the case Case title ■Pending **Court Name** On appeal ■Concluded Number Street Case number City State ZIP Code Give Details About Your Business or Connections to Any Business Part 11 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

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Middle Name Describe the nature of the business Employer Identification number Do not include Social Security number or ITIN. Name Number Street Dates business existed Name of accountant or bookkeeper __ To _ City State ZIP Code Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. Name Number Name of accountant or bookkeeper Dates business existed From ______ To _____ City State **ZIP Code** Describe the nature of the business Employer Identification number Do not include Social Security number or ITIN. Name Number Street Name of accountant or bookkeeper Dates business existed __ To _ City **ZIP Code** State **√**No ☐ Yes. Fill in the details below. N

28.	Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other
	parties.

			Date issued	
ame			MM / DD / YYYY	
umber	Street			

City State **ZIP Code** Part 12: Sign Below

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I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Signature of Jennifer Marie Russell | Date | Yes | Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

√No

☐ Yes. Name of person ___

United States Bankruptcy Court Western District of Texas

In r Rus		I, Jennifer Marie			
				Case No	
Del	otor			Chapter	13
		DISCLOSURE O	OF COMPENSATION OF ATTORNE	Y FOR DEBTO	R
1.	n b	amed debtor(s) and that company ankruptcy, or agreed to be paid	and Fed. Bankr. P. 2016(b), I certify bensation paid to me within one yea d to me, for services rendered or to in connection with the bankruptcy of	ar before the f be rendered o	iling of the petition in on behalf of the
	F		d to accept		\$3,910.00
		rior to the filing of this stateme	ent I have received	· · · · · · · · · · · · · · · · · · ·	\$1,310.00
	B	alance Due			\$2,600.00
2.	The	e source of the compensation	to be paid to me was:		
		☑ Debtor	Other (specify)		
3.	The	e source of compensation to b	e paid to me is:		
		☑ Debtor	Other (specify)		
4.		I have not agreed to share the ess they are members and ass	e above-disclosed compensation wit sociates of my law firm.	th any other pe	erson
	per	rsons who are not members or	ove-disclosed compensation with a associates of my law firm. A copy of the people sharing in the compe	f the agreeme	nt,
5.		return for the above-disclosed the bankruptcy case, including	fee, I have agreed to render legal so	ervice for all a	spects
	a.	Analysis of the debtor's final in determining whether to file	ncial situation, and rendering advice a petition in bankruptcy;	e to the debtor	r
	b.	Preparation and filing of any which may be required;	petition, schedules, statements of a	affairs and pla	n

c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

	CERTIFICATION
	going is a complete statement of any agreement or ent to me for representation of the debtor(s) in this bankruptcy
06/03/2018	/s/ Seth Crosland
Date	Signature of Attorney
	Crosland Law Firm
	Name of law firm

18-51292 Doc#1 Filed 06/03/18 Entered 06/03/18 07:06:20 Main Document Pg 54 of 67 Check as directed in lines 17 and 21: Fill in this information to identify your case: According to the calculations required by this Debtor 1 Jennifer Marie Russell Statement: First Name Middle Name Last Name 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Debtor 2 First Name Middle Name Last Name (Spouse, if filing) ✓ 2. Disposable income is determined. under 11 U.S.C. § 1325(b)(3). United States Bankruptcy Court for the: Western District of Texas ■3. The commitment period is 3 years. Case number 4. The commitment period is 5 years.

✓ 1. The commitment period is 5 years.

✓ 2. The commitment period is 5 years.

✓ 3. The commitment period is 5 years.

✓ 4. The commitment period is 5 years.

✓ (if known) Check if this is an amended filing Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). Calculate Your Average Monthly Income What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. ☐ Married. Fill out both Columns A and B, lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column B Column A **Debtor 1** Debtor 2 or non-filing spouse Your gross wages, salary, tips, bonuses, overtime, and commissions (before all \$5.519.49 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse. \$0.00 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you \$0.00 listed on line 3. Net income from operating a business, profession, or Debtor 1 Debtor 2 \$0.00 \$0.00 Gross receipts (before all deductions) \$0.00 \$0.00 Ordinary and necessary operating expenses \$0.00 Copy \$0.00 Net monthly income from a business, profession, or farm \$0.00 Net income from rental and other real property Debtor 1 Debtor 2 \$0.00 \$0.00 Gross receipts (before all deductions) \$0.00 \$0.00 Ordinary and necessary operating expenses

Net monthly income from rental or other real property

\$0.00

Copy

\$0.00

\$0.00

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Debtor 1

COLO	First Name	Middle Name	Last Name		-	ase Harriser (# Kire	
	riidiramo	madic Name	Lactivanie		Column A Debtor 1	Columr Debtor non-fil	
7.	Interest, dividends, and roya	lties				\$0.00	
8.	Unemployment compensation	on				\$0.00	
	Do not enter the amount if you	contend that the amour	nt received was a benefit ur	nder			
	the Social Security Act. Instea	d, list it here:	🕽				
	For you			\$0.00			
	For your spouse						
9.	Pension or retirement incomunder the Social Security Act.	ne. Do not include any a	mount received that was a	benefit		\$0.00	
10	. Income from all other source not include any benefits recein a victim of a war crime, a crinul finecessary, list other source	ved under the Social Sene against humanity, or	ecurity Act or payments rec international or domestic	ceived as			
— Tota	al amounts from separate pages	s, if any.			+	 +_	
11	. Calculate your total average column. Then add the total for	monthly income. Add or Column A to the total	d lines 2 through 10 for ea for Column B.	ch	\$5,5	19.49	= \$5,519.49 Total average monthly income
	. Copy your total average mo		e 11				\$5,519.49
13	. Calculate the marital adjust	iment. Check one:					
	ou are not married. Fill in 0 belo						
	ou are married and your spous	• •	n 0 below.				
	ou are married and your spouse		P that was NOT regularly	u poid for the	hausahald aynan	and of your or your	
	Fill in the amount of the income lependents, such as payment of						
а	Below, specify the basis for excludjustments on a separate page. this adjustment does not apply,		e amount of income devot	ted to each pu	rpose. If necessa	ary, list additional	
-				_			
-				+_			
Т	ōtal				\$0.00	Copy here. \rightarrow	 \$0.00
14	. Your current monthly incom	ne. Subtract the total in	line 13 from line 12.				\$5,519.49
15	. Calculate your current mon	thly income for the yea	ar. Follow these steps:				
1	5a. Copy line 14 here →						\$5,519.49
ı	Multiply line 15a by 12 (the r						x 12
1	5b. The result is your current m	onthly income for the y	ear for this part of the form	١			\$66,233.88

Debtor 1	Jennifer First Name	Marie Middle Name	Russell Last Name		_ Case	e number (if known) _		
	i iist Name	Middle Name	Last Name					
16. Cal d	culate the median fam	ily income that applies t	o you. Follow these	e steps:				
16a. Fill	I in the state in which yo	ou live.		Texas				
16b. Fill	l in the number of peopl	e in your household.		1				
16c. Fill	l in the median family in	come for your state and	size of household					\$47,238.00
		median income amounts This list may also be avail			e separate			
17. How	v do the lines compare	9?						
17a. 🗆		or equal to line 16c. On art 3. Do NOT fill out Ca					under 11 U.S.	C. §
17b. 🔽		n line 16c. On the top of at Calculation of Your D						
Part 3: Ca	Iculate Your Com	mitment Period Un	der 11 U.S.C. §	1325(b)(4)				
18. Con	ov vour total average n	nonthly income from lin	e 11					\$5,519.49
	,,,,	,					_	
		ment if it applies. If you er 11 U.S.C. § 1325(b)(4)						
19a. If the	marital adjustment doe	s not apply, fill in 0 on line	e 19a				-	\$0.00
19b. Subt	ract line 19a from line	18.						\$5,519.49
20. Cal c	culate your current mo	onthly income for the ye	ar. Follow these ste	ps.				
20a. Copy	line 19b							\$5,519.49
Multip	oly by 12 (the number o	f months in a year).					x 12	 2
20b. The re	esult is your current mo	nthly income for the year	for this part of the fo	orm.				\$66,233.88
20c. Copy t	the median family incor	ne for your state and size	e of household from	line 16c				\$47,238.00
21. How	v do the lines compare	9?						
☐ Line 20	Ob is less than line 20c.	Unless otherwise ordere	d by the court, on th	e top of page 1 of th	nis form, check box 3	3,		
The co	ommitment period is 3 ye	ears. Go to Part 4.						
Line 20 check l	0b is more than or equa box 4, <i>The commitment</i>	al to line 20c. Unless other period is 5 years. Go to F	erwise ordered by th Part 4.	e court, on the top o	of page 1 of this form	,		
Part 4: Sig	gn Below							
By signin	ng here, under penalty o	of perjury I declare that th	e information on this	s statement and in a	ny attachments is tru	ue and correct.		

X /s/ Jennifer Marie Russell
Signature of Debtor 1
Signature of Debtor 2

 Date
 06/03/2018
 Date
 MM/DD/YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this infor	mation to identify your o	case:	140 Faland 00/00/40	07 06 0 Main Do	ocument Pg 57 o	f 67
Debtor 1	Jennifer	Marie	Russell			
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if fili	First Name	Middle Name	Last Name			
United States	Bankruptcy Court for th	ne:	Western District of Texas			
Case number					☐ Check if this i	
(if known)					amended filing	
Official F	orm 122C-2					
Chapte	r 13 Calcul	lation of Y	our Disposable	Income		04/16
To fill out this Form 122C-1)		ur completed copy o	of Chapter 13 Statement of Your C	Current Monthly Income and	l Calculation of Commitme	nt Period (Official
	eet to this form. Include		people are filing together, both are which the additional information			
Part 1: Ca	culate Your Deduc	ctions from Your	Income			
	the IRS standards, go		I Local Standards for certain expe k specified in the separate instruc			
Doduct the ex	vnanca amounta act out	in lines 6 15 regardle	ss of your actual expense. In later p	orte of the form you will use as	ome of your actual expenses	if they are higher
than the stand		y operating expenses	that you subtracted from income in I			
If your expens	ses differ from month to r	month, enter the avera	age expense.			
Note: Line nu	mbers 1-4 are not used	in this form. These n	umbers apply to information require	d by a similar form used in cha	apter 7 cases.	
Fill in the	e number of people who	could be claimed as	deductions from income exemptions on your federal income t imber may be different from the num		d. 1	
National Standard	s You must us	se the IRS National S	standards to answer the questions in	lines 6-7.		
	lothing, and other iten ollar amount for food, clo	-	r of people you entered in line 5 and s.	the IRS National Standards, f	fill	\$647.00
amount older—b	for out-of-pocket health	care. The number of ve a higher IRS allow	mber of people you entered in line 5 people is split into two categories—paance for health care costs. If your ac	eople who are under 65 and p	eople who are 65 or	

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First Name Middle Name Last Name

	People who are under 65 years of age						
	7a. Out-of-pocket health care allowance per person	\$52.00					
	7b. Number of people who are under 65	X 1					
	7c. Subtotal. Multiply line 7a by line 7b.	\$52.00		$\begin{array}{c} \text{Copy} \\ \text{here} \rightarrow \end{array}$	\$52.00		
	People who are 65 years of age or older						
	7d. Out-of-pocket health care allowance per person	\$114.00					
	7e. Number of people who are 65 or older	X 0					
	7f. Subtotal. Multiply line 7d by line 7e.	\$0.00		$\begin{array}{c} \text{Copy} \\ \text{here} \rightarrow \end{array}$	+ \$0.00)	
7	g. Total. Add lines 7c and 7f				\$52.00	Copy here →	\$52.00
	andards You must use the IRS Local Standards to answe	r the questions in lines 8-15	j.				
	ed on information from the IRS, the U.S. Trustee Program cruptcy purposes into two parts:	has divided the IRS Loca	al Standard	for housing	g for		
• H	lousing and utilities – Insurance and operating expenses						
• H	lousing and utilities – Mortgage or rent expenses						
	nswer the questions in lines 8-9, use the U.S. Trustee Prog ified in the separate instructions for this form. This chart n						
	Housing and utilities – Insurance and operating expenses the dollar amount listed for your county for insurance and ope		ple you ente	red in line 5	, fill in		\$459.00
9.	Housing and utilities – Mortgage or rent expenses:						
	9a. Using the number of people you entered in line 5, fill in the listed for your county for mortgage or rent expenses.	he dollar amount		_	\$921.00		
	9b. Total average monthly payment for all mortgages and oth your home.	ner debts secured by					
	To calculate the total average monthly payment, add all a contractually due to each secured creditor in the 60 mon bankruptcy. Next divide by 60.						
	Name of the creditor	Average monthly payment					
		+					
	9b. Total average monthly payment	\$0.00	$\begin{array}{c} \text{Copy} \\ \text{here} \rightarrow \end{array}$		\$0.00 Repe	at this amount e 33a.	
	9c. Net mortgage or rent expense.		\				
	Subtract line 9b (total average monthly payment) from line number is less than \$0, enter \$0.	e 9a (mortgage or rent expe	nse). If this		\$921.00 Co	opy here →	\$921.00
10.	If you claim that the U.S. Trustee Program's division of th the calculation of your monthly expenses, fill in any additi		nousing is i	ncorrect an	nd affects		\$0.00
	Explain why:						

	• .							
	cal transpo 0. Go to lir		: Check the number o	vehicles for which you cla	aim an owners	ship or operating ex	pense.	
<u> </u>								
	2 or more.	. Go to line 12.						
				dards and the number of or metropolitan statistical		hich you claim the	operating expenses, fill in	\$196.00
You		laim the expense if		ocal Standards, calculate oan or lease payments on			nse for each vehicle below. not claim the expense for	
'	/ehicle 1	Describe Vehicle	e 1:					
13	a. Ownersh	ip or leasing costs	using IRS Local Stan	dard		\$497.00		
13	o. Average	monthly payment fo	or all debts secured by	Vehicle 1.				
	Do not in	clude costs for leas	sed vehicles.					
	all amour	nts that are contract	nthly payment here an tually due to each sec or bankruptcy. Then di	ured creditor in				
		f each creditor for		Average monthly payment				
			_	+	Сору		Deposit this amount	
		Total ave	rage monthly paymen		here →		Repeat this amount on line 33b.	
130	. Net Vehi	cle 1 ownership or I	ease expense			00.00	Copy net Vehicle 1	
	Subtract	line 13b from line 1	3a. If this number is le	ess than \$0, enter \$0		\$0.00	expense here → _	\$0.00
,	/ehicle 2	Describe Vehicle 2	. —					
	0111010 2	Describe vernoie 2	<u> </u>					
130	d. Ownersh	ip or leasing costs	using IRS Local Stan	dard				
10.	a Averege	monthly normont fo	ur all dabta aggurad by	Vahiala 2				
136	_	clude costs for leas	or all debts secured by	venicie 2.				
		f each creditor for		Average monthly				
	Name 0	each creditor for	verlicie 2	payment				
			-	+	٦			
		Total ave	rage monthly paymen		Copy here →		Repeat this amount on line 33c.	
13f	. Net Vehic	cle 2 ownership or le	ease expense					
		·	•	an \$0, enter \$0			Copy net Vehicle 2 expense here → _	
				•				

for Public Transportation.

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard

\$0.00

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First Name Middle Name Last Name

0	ther Necessary In addition to the expense deductions listed above, you are allowed your monthly expenses for the	
	refer Necessary In addition to the expense deductions listed above, you are allowed your monthly expenses for the expense for the expenses for the expenses for the expenses for the expense for the expenses for the expense f	
16.	Taxes: The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes.	\$740.93
17.	Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.	\$0.00
	Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.	
18.	Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.	\$24.16
	Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.	
19.	Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.	\$0.00
	Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.	
20.	Education: The total monthly amount that you pay for education that is either required:	\$0.00
	 as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 	
21.	Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.	\$0.00
22.	Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.	\$0.00
	Payments for health insurance or health savings accounts should be listed only in line 25.	
23.	Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.	+\$0.00
	Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 122C-1, or any amount you previously deducted.	
24.	Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23.	\$3,040.09
	dditional Expense These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24.	
25.	Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.	
	Health insurance \$0.00	
	Disability insurance \$0.00	
	Health savings account + \$0.00	
	Total \$0.00 Copy total here →	\$0.00
	Do you actually spend this total amount?	
	□ No. How much do you actually spend? ☑Yes —————	
26.	Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).	\$0.00
27.	Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	\$0.00
	By law, the court must keep the nature of these expenses confidential.	

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Filed 06/03/18 Entered 06/03/18 07:06:20 Main Document Pg 61 of 67 Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess \$0.00 amount of home energy costs You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$160.42* per child) that you pay \$0.00 for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. * Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment. 30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food \$0.00 and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary. 31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious + \$0.00 or charitable organization. 11 U.S.C. § 548(d)3 and (4). Do not include any amount more than 15% of your gross monthly income. 32. Add all of the additional expense deductions. \$0.00 Add lines 25 through 31. **Deductions for Debt Payment** For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Average monthly payment Mortgages on your home 33a. Copy line 9b here \$0.00 Loans on your first two vehicles 33b. Copy line 13b here 33c. Copy line 13e here 33d. List other secured debts: Name of each creditor for other Identify property that **Does** secured debt secures the debt payment include taxes or insurance? **√**No GM Financial 2014 Buick Lacrosse ∟_Yes \$497.00 □N₀ ☐Yes

33e. Total average monthly payment. Add lines 33a through 33d.

■No Yes

\$497.00

Copy total

here→

\$497.00

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, ,	Jenniffer DOCHT	Marie 00/00/10	Russell Cd 00/03/10 07.00.20	or wind case hamber (it known) 9 02 01 01	
	First Name	Middle Name	Last Name		

34.	Are any debts that you listed in line 33 support of your dependents?	secured by your primary reside	ence, a vehicle, c	or other prope	rty necessary for your s	upport or the	
	☐ No. Go to line 35.						
	✓ Yes. State any amount that you must	pay to a creditor, in addition to the	e payments listed	in line 33, to ke	eep possession of your p	roperty	
	(called the <i>cure amount</i>). Next, divide	by 60 and fill in the information b	pelow.				
	Name of the creditor	Identify property that secures the debt	Total cure amount		Monthly cure amount		
				÷ 60 =			
				÷ 60 =			
				÷ 60 =	+		
						Сору	
				Total	\$0.00	total here →	\$0.00
35.	Do you owe any priority claims—sucl bankruptcy case? 11 U.S.C. § 507.	n as a priority tax, child suppor	rt, or alimony—t	hat are past d	ue as of the filing date of	of your	
	✓No. Go to line 36.						
	Yes. Fill in the total amount of all of the listed in line 19.	hese priority claims. Do not inclu	de current or ong	going priority cl	laims, such as those you	ı	
	Total amount of all past-due pri	ority claims				÷ 60	
36.	Projected monthly Chapter 13 plan pa	yment			\$0.00		
	Current multiplier for your district as States Courts (for districts in Alabam Trustees (for all other districts).						
	To find a list of district multipliers that separate instructions for this form. The				X9.80 %		
	Average monthly administrative expense	nse			\$0.00	Copy total here →	\$0.00
37.	Add all of the deductions for debt pay	ment. Add lines 33e through 36.					\$497.00
Total	Deductions from Income						
38.	Add all of the allowed deductions.						
	Copy line 24, All of the expenses allowe	d under IRS expense allowance:	s		\$3,040.09		
	Copy line 32, All of the additional expens	se deductions			\$0.00		
	Copy line 37, All of the deductions for de	bt payment			+ \$497.00		
	Total deductions				\$3,537.09 Copy total here →		\$3,537.09

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10-2	Hemiffer DUC#1	MIN 00/02/10	Russeil eu 00/03/10 07.00.20	Wadase number (IFknown) Py 03 01 07
	First Name	Middle Name	Last Name	

	First Name	Middle Name	Last Name
Part 2: Determ	nine Your Disposa	ble Income Under	11 U.S.C. § 1325(b)(2)

39.	Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period. \$5,519.49							
40.	Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child.	\$0.00						
41.	Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).	\$0.00						
42.	Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here \rightarrow	\$3,537.09	1					
43.	Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.							
	Describe the special circumstances Amount of expense							
	+							
	Total \$0.00 Copy here	+\$0.00						
44.	Total adjustments. Add lines 40 through 43	\$3,537.09	Copy I	here →\$3,537.09				
45.	45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. \$1,982.40							
Par	t 3: Change in Income or Expenses							
46.	Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.							
	Form Line Reason for change Date of		ease or ease?	Amount of change				
	□122C-1 □122C-2 —— ———————————————————————————————		crease ecrease					
	□122C-1 □122C-2 —— —— ————————————————————————————		crease ecrease					

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First Nam

Middle Name

Last Name

: Sign Below					
signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.					
X /s/ Jennifer Marie Russell	X				
X /s/ Jennifer Marie Russell Signature of Debtor 1	Signature of Debtor 2				

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IN RE: Russell, Jennifer Marie

CASE NO

CHAPTER 13

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.					
Date	06/03/2018	Signature _	/s/ Jennifer Marie Russell Jennifer Marie Russell, Debtor		

AIR FORCE CU

1560 Cable Ranch Rd Ste 200 San Antonio, TX 78245-2143

BARCLAYS BANK DELAWARE

125 S WEST ST Wilmington, DE 19801-5014

CONNEXUS CREDIT UNION

1 Corporate Dr Ste 300 Wausau, WI 54401-1724

Crosland Law Firm 1848 Norwood Plz Ste 205b Hurst, TX 76054-3752

Seth Crosland 1848 Norwood Plz Ste 205b Hurst, TX 76054-3752

GM Financial PO Box 181145 Arlington, TX 76096

HUDSON HERITAGE FCU

25 RYKOWSHI LN Middletown, NY 10941

PennyMac Loan Services Po Box 514387 Los Angeles, CA 90051-4387 PIONEER MCB 3240 E Tropicana Ave Las Vegas, NV 89121-7316